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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Numb r

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |             |   |                  | SMALL ENTITY TYPE                       |                        | OR  | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|-------------|---|------------------|---|------------------------|-----|----------------------------|------------------------|
| FOR   |  | NUMBE                                     | RFILED      | NUMBER I                                    | EXTRA            | RATE                                    | FEE                    | 1 [ | RATE                       | FEE                    |
| ВА  | SIC FEE  |   |             |   |                  |   | 380.00                 | OR  |                            | 760.00                 |
| то  | TAL CLAIMS                                     | 2   | 5 minus 2   | 0= * 3                                      |                  | X\$ 9=                                  |                        | OR  | X\$18=                     | 54                     |
| Ь-  | EPENDENT CL                                    |   | /           |   |                  | X39=                                    |                        | OR  | X78=                       | 546                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |             |   |                  | +130=                                   |                        | OR  | +260=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |             |   |                  | TOTAL                                   |                        | OR  | TOTAL                      | 1360                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |             |   |                  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |     |                            |                        |
| AMENDMENTA,   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 23                                      | Minus       | ** 23                                       | =                | X\$ 9=                                  |                        | OR  | X\$18=                     | ,^                     |
|   | Independent                                    | * 10                                      | Minus       | ***   O                                     | =                | X39=                                    |                        | OR  | X78=                       |                        |
| H   | FIRST PRESE                                    | NIATION OF M                              | JLTIPLE DEP | ENDENT CLAIM                                |                  | +130=                                   |                        | OR  | +260=                      |                        |
|   |  |   |             |   |                  | TOTAL<br>ADDIT. FEE                     |                        | OR  | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |             |   |                  |   |                        |     | ADDII. I EE                |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 13                                      | Minus       | * 23  | =                | X\$ 9=                                  |                        | OR  | X\$18=                     |                        |
|   | Independent                                    | * 5                                       | Minus       | *** / Ó                                     | =                | X39=                                    |                        | OR  | X78=                       |                        |
|   | FIRST PRESE                                    | NIAHON OF M                               | ULTIPLE DEP | ENDENT CLAIM                                |                  | +130=                                   |                        | OR  | +260=                      |                        |
|   |  |   |             |   | •                | TOTAL<br>ADDIT. FEE                     |                        |     | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |             | (Column 2)                                  | (Column 3)       | , |                        |     |                            |                        |
| ENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus       | **  | =                | X\$ 9=                                  |                        | OR  | X\$18=                     |                        |
| AME   | Independent                                    | *   | Minus       | ***   | ]=               | X39=                                    |                        | OR  | X78=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |             |   |                  | +130=                                   | 1                      | OR  | +260=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  |  |   |             |   |                  |   |                        |     | TOTAL                      |                        |
| ** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, ent r "3."  The "Highest Number Previously Paid For" (Total or Ind pendent) is the highest number found in the appropriate box in column 1. |  |   |             |   |                  |   |                        |     |                            |                        |